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# Recruiting and Surveying Catholic Parishes for Cancer Control Initiatives: Lessons Learned From the CRUZA Implementation Study

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## Abstract

**Background—**We describe activities undertaken to conduct organizational surveys among faith-based organizations (FBOs) in Massachusetts (MA) as part of a larger study designed to promote parish-based cancer control programs for Latinos.

**Methods—**Catholic parishes located in MA that provided Spanish-language mass were eligible for study participation. Parishes were identified through diocesan records and online directories. Prior to parish recruitment, we implemented a variety of activities to gain support from Catholic leaders at the Diocesan level. We then recruited individual parishes to complete a four-part organizational survey, which assessed: (A) parish leadership; (B) financial resources; (C) involvement in Hispanic ministry; and (D) health and social service offerings. Our goal was to administer each survey component to a parish representatives who could best provide an organizational perspective on the content of each component (e.g., A=pastors; B= Business Managers; C=Hispanic Ministry Leaders; and D= Parish Nurse or Health Ministry leader. Here, we present descriptive statistics on recruitment and survey administration processes.

**Results—**Seventy-five percent of eligible parishes responded to the survey and of these, 92% completed all four components. Completed four-part surveys required an average of 16.6 contact attempts. There were an average of 2.1 respondents per site. Pastoral staff were the most frequent respondents (79%), but also required the most contact attempts ($M = 9.3$, range = 1 to 27). While most interviews were completed by phone (71%), one-quarter were completed during in-person site visits.

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**Conclusions—**We achieved a high survey completion rate among organizational representatives. Our lessons learned may inform efforts to engage and survey FBOs for public health efforts.

### Keywords

survey administration; organizational recruitment; faith-based organizations; churches; Hispanic/Latino health; implementation research

## INTRODUCTION

Faith-based organizations (FBOs) are promising settings to implement and disseminate cancer control programs designed to reach underserved populations (Campbell et al., 2007). They play central roles within communities as “safe” places where spiritual, emotional and material needs can be met. FBOs often have stable infrastructures, communication channels, and social networks where support is freely exchanged – making them natural partners in cancer control initiatives (Campbell et al., 2007). A sizable body of literature illustrates the efficacy of faith-based interventions on a range of health behaviors, although these studies primarily engage African American FBOs (Campbell et al., 2007). Despite the role that FBOs *could* play in providing health interventions for Latinos, few rigorous research trials have developed and evaluated such interventions. Most of the published literature in this area report results from pilot studies (Allen et al., 2013; Holschneider et al., 1999) and quasi-experimental research designs (Dornelas, Stepnowski, Fischer, & Thompson, 2007; Duan, Fox, Derose, & Carson, 2000; Fox, Stein, Gonzalez, Farrenkopf, & Dellinger, 1998; Holschneider et al., 1999; Sauaia et al., 2007; Welsh, Sauaia, Jacobellis, Min, & Byers, 2005). Additionally, we were only able to identify studies that targeted individual-level health behaviors (Allen et al., 2013; Castro et al., 1995; Daniels, Juarbe, Moreno-John, & Perez-Stable, 2007; Davis et al., 1994; Dornelas et al., 2007; Duan et al., 2000; Fox et al., 1998; Hall, Hall, Pfriemer, Wimberley, & Jones, 2007; Holschneider et al., 1999; Jandorf et al., 2012; Lopez & Castro, 2006; Lujan, Ostwald, & Ortiz, 2007; Sauaia et al., 2007; Welsh et al., 2005). We did not find any studies that sought to build organizational-level capacity among Latino FBOs to initiate and promote health initiatives as part of their mission.

Organizational-level observational or descriptive studies among Latino FBOs are also scarce (Campbell et al., 2000; Christensen et al., 2005; Duan, Fox, Derose, Carson, & Stockdale, 2005; Thomas, Quinn, Billingsley, & Caldwell, 1994). Such studies could yield insight into the leadership structures, decision-making processes, belief systems, resources and activities of FBOs relevant for dissemination and implementation of health interventions. We suspect that the gap in the literature on organizational characteristics of Latino FBOs may be due to several methodological challenges. One is the difficulty obtaining comprehensive lists of FBOS from which to establish a sampling frame. A significant percentage of FBOs attended by Latinos are nondenominational and the growing evangelicalism among Latinos has given rise to new FBOs (Suro et al., 2007). Established Latino FBOs that are formally affiliated with a denomination (e.g., Catholic parishes) can be enumerated, but further obstacles include identifying “key informants” who can provide an organizational perspective on these issues, as well as obtaining high levels of participation in research (Christensen et al., 2005; Duan et al., 2005).

In this paper, we present activities undertaken by the CRUZA to recruit FBOs for study participation and to complete organizational surveys of Catholic parishes in Massachusetts with Spanish-language Mass. CRUZA, the Alliance for Latino Health Through Faith and Action, is a three-year study within the University of Massachusetts Boston - Dana/Farber Harvard Cancer Center U54 Cancer Research Partnership. The name, not an acronym, evokes Christian religious symbolism (the cross) and multicultural dynamics (crossing boundaries to advocate for health) associated with the U.S. Catholic worldview. In the first phase of the CRUZA study, we surveyed parishes to understand the organizational infrastructure, skills, and resources available within and required by parishes to implement evidence-based strategies (EBS) for cancer control. The second phase, a randomized trial, aims to develop, implement and evaluate the efficacy of an organizational-level intervention designed to promote implementation of cancer control programs. Here, we report our experiences from the first phase of CRUZA: enumerating a sampling frame, obtaining organizational interest and consent from parish leaders, and conducting organizational surveys.

Our goal is to provide information about the process of building relationships and conducting research with FBOS, as well as strategies and methods that can be used to recruit parish representatives and leaders to participate in data collection activities.. We anticipate such information can be useful to future public health initiatives in Latino faith-based organizations and to researchers seeking to translate effective behavioral interventions into practice.

## METHODS

### Overview

In Massachusetts, four dioceses serve an estimated 430,000 Latino Catholics. There are 577 Catholic parishes in Massachusetts, but only 12% have a formal ministry or parish programming for the Spanish-speaking Latino community. To account for both the hierarchical organizational structure in Catholic parish and the uniqueness of parish communities serving Latinos, we implemented a multi-pronged approach for recruitment and survey administration. The Institutional Review Board at the Harvard School of Public Health approved all study procedures.

### Engaging community members and diocesan leaders

We were guided by principles of community-based participatory research (Minkler & Wallerstein, 2010) in all study phases. At the start, we formed a Community Advisory Board (CAB) with representatives from faith-based, health, and social service organizations. We also identified contextually appropriate strategies for engaging faith communities by conducting 18 key informant interviews among Latino community leaders and eight focus groups with a total of 67 parishioners (Allen et al., In press). We used this formative research in combination with ongoing input from CAB members to develop and adapt strategies for continuous community and leadership engagement in research activities.

As a means of educating Catholic leaders about the study, we formally launched CRUZA with an informational gathering at the Archdiocese's Pastoral Center. At this formal event attended by over 30 Catholic leaders from several dioceses in the state, investigators introduced the study, described procedures, elicited opinions, and addressed questions. The Archbishop of Boston, *the highest ranking Catholic leader in the State*, attended this event and verbalized his support for the CRUZA initiative. The gathering was an extensive event planning effort by our study team made possible by our CAB's connections. Following the gathering, we presented the study at Catholic regional events and met individually with heads of the four Catholic dioceses in the state, as well as diocesan leaders of Hispanic ministry. Combined, these early efforts established CRUZA's credibility prior to recruiting individual parishes through the combined effects of formal events, dissemination of written material, support from high-level church leaders, as well as dissemination of information about the study through pastors' social networks.

## Survey development

Our conceptual framework for the larger CRUZA study guided the selection of constructs to be assessed in organizational surveys. The framework and its application is described in detail elsewhere (Allen et al., Under Review). Briefly, we sought to assess organizational characteristics specified in the *Consolidated Framework for Implementation Research* (CFIR) (Damschroder et al., 2009). CFIR is a meta-theoretical implementation framework that integrates constructs from relevant theories to understand factors associated with adoption/implementation of innovations or new programs, practices or policies. The framework addresses multiple domains, including internal organizational characteristics and dynamics ("inner organizational setting"), factors external to the organization that may affect willingness to adopt and implement innovations ("outer setting"), characteristics of those charged with adopting and implementing interventions.

Due to the lack of standardized measures relevant for a FBO setting, we adapted items from other studies (Allen et al., Under Review). We conducted cognitive testing among parish leaders (N=5) outside our sample to ensure comprehension and cultural/religious appropriateness of the adapted organizational measures. For each item, parish leaders were asked whether the question was easy or hard to answer, to rephrase the question in their own words, and how sure they were of their answer. Following this process, items were refined and subsequently re-tested in pilot administrations of the full instrument with two additional parish leaders. The revised survey instrument was reviewed by the CAB, our Scientific Advisory Committee, and the Archdiocese of Boston. The instrument was then translated into Spanish by a certified translator employed by the Archdiocese and reviewed by bilingual investigators for accuracy.

The organizational survey instrument consisted of four sections differing by content and intended respondent: A – leadership (Pastor), B – bookkeeping (Business Manager), C – Hispanic ministry (Director of Hispanic Ministry), and D – health/social services (parish nurse or representative from health ministry, if available). We targeted different respondents for each section to maximize response accuracy and reduce respondent burden on any one individual.

### Organizational sampling frame development and organizational respondents

Massachusetts parishes eligible for the organizational survey offered at least one mass in Spanish and were not slated for closure or merger during the study period. We compiled initial lists of parishes and pastors by searching print and online archives of the four dioceses, reviewing parish websites, and then making scripted calls to parishes to verify mailing addresses and pastor names. These lists were reviewed by diocesan leaders, who noted additional parish closures and consolidations. Through this process, we identified 70 potentially eligible parishes. We relied on pastors to recommend appropriate personnel to complete each survey section.

### Recruitment of potential organizational survey respondents

Our parish survey recruitment and data collection process is outlined in Figure 1. Between July – August 2012, we mailed recruitment packets in four waves (by region) to pastors of the 70 parishes. Recruitment in waves allowed for more efficient management and promotion efforts. Recruitment packets contained: (1) a letter from the regional bishop encouraging pastors to participate; (2) an excerpt from a blog entry supporting CRUZA written by the Archbishop; (3) a project brochure describing study information tailored with the name of the parish and pastor; and (4) a contact information form and an accompanying postage-paid return envelope on which pastors could identify the appropriate parish representative to complete each survey section. These materials made explicit connections between CRUZA's goals and Catholic leaders' commitments to service and holistic care for their parishioners. For example, the bishops' letters used this common line: "Our call to discipleship includes having concern for the spiritual, physical and mental health of our brother and sisters in the Church and the wider community." Other materials highlighted: "one of the noblest traditions of the Catholic Church is to care physically and spiritually for its people when they are in need." Our goal in integrating spiritual themes was to make our messages appropriate for a religious setting.

Approximately two weeks following the mailing of the recruitment packet, interviewers from the Center for Survey Research at UMass Boston and trained bilingual Survey Assistants initiated recruitment calls to pastors. As is standard in survey research, calls were made at different times of day, on different days of the week. When we reached a pastor, we used a standardized protocol and script to: (1) describe the study; (2) inquire if he received the recruitment packet; (3) assess interest in study participation; (4) identify the most appropriate person(s) to complete each survey; and (5) schedule or complete an interview. If the phone was answered but the pastor was unavailable, we asked whether the recruitment packet was received and the best day/time to reach the pastor. If the packet had not been received, we mailed another recruitment packet and called again in 3–7 days.

Our first round of calls were fielded primarily by parish administrative assistants who suggested that pastors were likely to be in the office on the days of regularly scheduled Mass. Beginning in August 2012, Survey Assistants visited pastors. This was done after telephone attempts to contact the pastor were unsuccessful for a one month period. In-person conversations with pastors were scripted and covered the same content as the telephone

recruitment protocol. When the pastor encouraged us to contact alternative parish representatives, we used the same telephone scripts and in-person recruitment protocols.

Due to pastors' responsibilities (e.g., funerals) and the part-time or volunteer status of many parish staff members, potential respondents often did not have established on-site hours. To speak with each potential respondent, we conducted up to five "study staff initiated contacts," which we defined as any form of direct communication (e.g., face-to-face or phone conversation) but *not* initiated by the respondent. Responding to an inquiry or confirming an appointment was not categorized as a study staff initiated contact. However, any form of communication was logged as a "contact attempt."

## Survey administration

Bilingual Survey Assistants conducted recruitment calls/visits and interviews between July and December 2012. For each survey section, we aimed to obtain informed consent and complete the interview in less than 20 minutes, or 60 minutes when one respondent elected to complete all survey segments.

Several parish leaders were never reached, despite multiple telephone and in-person contact attempts. A few pastors preferred to complete the survey independently. In these cases, we provided a paper version of the survey. Upon completion of any or all survey segments, a $50 gift card donation was sent to the parish.

## Recruitment Tracking & Data Management

Survey Assistants used REDCap (Research Electronic Data Capture) software (Harris et al., 2009) to track call attempts, call dispositions, and in-person contacts. For every contact attempt, we documented date, time of day, contact method (e.g., phone call, visit) and outcome of the contact (e.g., completed survey). For surveys administered in person on site at parishes, they completed field notes documenting overall receptivity to study participation, as well as time required for survey completion. Organizational survey data were entered into *DatStat Illume* (DatStat, Inc., Seattle, WA), a multi-mode survey platform (DatStat Inc., 2010).

## Analysis

We present descriptive statistics for recruitment and survey administration activities. The final dispositions for each parish were compared by diocese (geographic location). In addition, we examined differences among respondent types (e.g., pastoral versus non-pastoral staff) and the number of contact attempts required to complete a section, as well as the number of sections completed per respondent. Since the number of parishes that completed the survey is small (N=45), we were unable to conduct multivariate analyses to assess specific organizational characteristics associated with survey completion.

# RESULTS

## Final dispositions

After the initial mailing of recruitment materials, we discovered that five parishes in the initial sample were ineligible: three had recently closed and two were designated as chapels, rather than parishes. This reduced our final sample to 65 parishes. We achieved a 75% (49/65) participation rate, with 92% (45/49) of participating parishes completing all four sections of the survey (Table 1). Only three parishes declined to participate (4.6%), citing time and conflicting priorities. While the highest participation rate was among churches in the Archdiocese of Boston (participation rate 78%, $n = 29$), regional differences were not statistically significant ($\chi^2 = 6.42$, $p = .09$).

## Survey administration processes

The number of contact attempts required to complete a single section of the survey ranged from 5 to 34, with an average of 16.6 contact attempts to *complete all four survey segments with four different individuals* (Figure 1). Pastors were relied on to name appropriate personnel to complete various survey sections, but they were also difficult to reach, requiring an average of 9.3 contact attempts to complete a survey section, compared to 7.8 attempts for other members of the pastoral team, although differences were not statistically significant ($p = .22$). In-person parish visits by Survey Assistants resulted in relatively high interview rates; nearly a quarter of all interviews were conducted on site, compared with 71% by phone and 5% by mail. Respondents who elected to complete all four components of the survey at one time (n=10) required an average of 64 minutes ($SD = 10.1$) to complete the process.

## Survey respondents by role

Most often, survey respondents were members of the pastoral staff (79%), which included pastors, priests, deacons, lay ecclesial ministers, and other clergy (Table 2). Pastoral staff were also more likely than other types of respondents to complete multiple sections of the survey; they completed an average of 2.0 survey sections, while non-pastoral staff (e.g., administrative assistants, business managers) completed an average of 1.2 survey sections ($p < .001$). In several instances, members of the pastoral staff completed all four survey sections (32%, n = 14).

## Parish characteristics

Participating parishes were heterogeneous. In particular, parish size ranged from small to very large (60 to 7741 people). The proportion of Latino members ranged from 1% to 100%, with a mean of 46%. The number of weekly masses offered in Spanish also varied from 1 to 11 (M=2.7). Parish size was strongly positively correlated with the number of full-time staff ($r = 0.433$, $p = 0.004$) and negatively correlated with the percentage of the congregation that was Latino, although that relationship was not statistically significant ($r = -0.05$, $p = 0.77$). Our ability to compare characteristics of participating and non-participating parishes was limited by the lack of comparable, publically available data (see Table 3).

## DISCUSSION

Catholic parishes provide important channels through which to offer cancer prevention and control interventions to Latino audiences. CRUZA is among the first studies to examine organizational characteristics of Catholic parishes serving Latinos with an aim toward understanding their potential to collaborate on cancer control interventions and research. Utilizing a multi-pronged approach, consisting of community-engagement, diocesan and individual parish recruitment, followed by mailed materials, telephone calls, in-person visits, we achieved a 75% participation rate and a 92% survey completion rate among participating organizations. Few parishes outwardly refused participation, although not all were reached directly.

In all, we completed 97 individual interviews over a six-month period. Although our goal had been to interview up to four organizational representatives, an average of 2.1 respondents were interviewed per parish. These response rates are comparable to those attained in prior organizational-level studies of FBOs that utilized telephone and in-person data collection. For example, the second wave of the National Congregations Study (NCS-II) – which also offered interviews in Spanish – achieved a 78% response rate over a 10 month data collection period (Chaves & Anderson, 2008; Chaves, Konieczny, Beyerlein, & Barman, 1999). Actual survey modes differed somewhat from those of the NCS; 78% of NCS-II interviews were completed by telephone, compared with 71% in this study. The NCS surveys were different from this study's in that: they used a one part survey targeting one respondent, whereas we had a 4 part survey with a goal of reaching four respondents; NCS contracted a national polling company for data collection, whereas we completed this work within the scope of our U54 Cancer Research Partnership.

We found additional similarities in CRUZA survey dispositions with prior surveys of FBOs. For example, we attempted to interview non-pastoral staff (e.g., business administrators) for specific sections of the survey, but the respondents (79%) were still mostly clergy. Prior organizational surveys that targeted pastors obtained only slightly higher percentages of respondents who were clergy (Trinitapoli, Ellison, & Boardman, 2009). Not surprisingly, our interviews achieved a higher response rate than studies using web-based surveys (Bopp & Fallon, 2013). Response rates and survey dispositions across FBO survey studies likely vary due to study designs, survey length, and study.

Prior research suggest that among all denominations, Catholic churches tend to be the most reluctant to participate in surveys (Chaves & Anderson, 2008). Indeed, achieving high participation rates in this study was challenging, but we attribute much of our success to two factors. First, we conducted extensive formative research and were guided by our experienced CAB. Formal recruitment of parishes was preceded by a year of community engagement activities to establish trust and positive working relationships. As a result of these efforts, we obtained letters of support from all four diocesan bishops, approval of our organizational survey from the Office of Canonical Affairs, and translation of the instrument from an Archdiocese-approved translator, which unquestionably increased visibility and credibility.

Second, we attribute our high response rate to our utilization of multiple methods for recruitment and modes of survey administration, as well as the flexibility of our survey staff. We found that most pastors did not have cell phones and many did not use email. As a result, having direct contact with the pastors often required a high level of call attempts, which were often fielded gby the Church Secretaries. An additional factor that influenced the need for numerous contact attempts is that parish leaders serve a variety of roles in their communities, and therefore, have competing priorities for their time (Allen et al., In press). With this in mind, we conducted recruitment and survey activities at all times of the day and days of the week. The unpredictable nature of pastors' availability made implementation of a variety of survey administration approaches – such as on-site administration and mailing of paper surveys – essential to achieving high response rates. Although we did not specifically ask pastors about the extent to which the small financial donation to the church ($50) motivated their participation, it is our strong sense that the financial incentive was not a strong factor in decisions about participation. Rather, we observed that pastors' expression of support for health interventions for their parishioners was a stronger motivator than was the incentive.

Before we discuss implications, limitations of this study warrant mention. While our recruitment and survey administration activities followed standardized protocols, some aspects were tailored to individual parishes, such as the order in which contact methods were employed. For example, parishes whose gatekeepers suggested that we reach out to pastors in person received in-person visits sooner. While likely key to our high response rate, such tailoring could result in bias across modes of survey administration. We also acknowledge that some parishes never gave a firm refusal or commitment (n=13). The scope of this study was also limited to Catholic parishes in Massachusetts. With the high potential for Latino FBOs to play a role in dissemination and implementation of evidence-based interventions, there is a need for additional research to explore the existing capacity and resources needed to fully harness this community infrastructure in other regions and among other Latino sub-groups.

The time and resources required to recruit and survey the parishes exceeded our expectations, particularly in the context of a three-year grant (this survey represented the first phase). As a result of our experience, we believe it is imperative that funding organizations understand that a substantial investment in time and resources is necessary to effectively build working partnerships with community organizations. Without such investments, high participation rates are unlikely. We recognize that issues of resource allocation and study duration are challenging, particularly in the current economic environment. Nonetheless, we can foresee the increased risk of type II errors made in intervention studies in FBOs (and other organizations, for that matter), as a result of these limitations. We see the possibility of erroneously concluding that FBOs are not effective partners in delivering EBS for cancer control to Latino audiences, simply due to the lack of time and resources to build meaningful partnerships.

We also acknowledge that this study was conducted during a transitional time for the Catholic Church (Oliver, 2012; The Diocese of Worcester, 2010; The Office of Pastoral Planning of the Archdiocese of Boston, 2012). We observed parish consolidations and

closures, staff departures, and pastors reassigned or asked to oversee multiple parishes. This trend is happening across the country (Rzeznik, 2012; Zech & Miller, 2008). These changes have had – and will likely continue to have – implications for partnering with Catholic leaders. That we were able to get strong support and participation from parish leaders during this transitional time (Oliver, 2012; The Diocese of Worcester, 2010; The Office of Pastoral Planning of the Archdiocese of Boston, 2012) highlights the potential for partnering with parishes to implement public health initiatives.

### Conclusions

We rigorously identified parishes, made consistent efforts to engage community partners, and utilized multiple recruitment and data collection strategies. This study provides data on the research activities that may be necessary to yield high organizational participation among Latino faith communities. Our detailed description of survey administration procedures may be useful for future research in faith-based settings.

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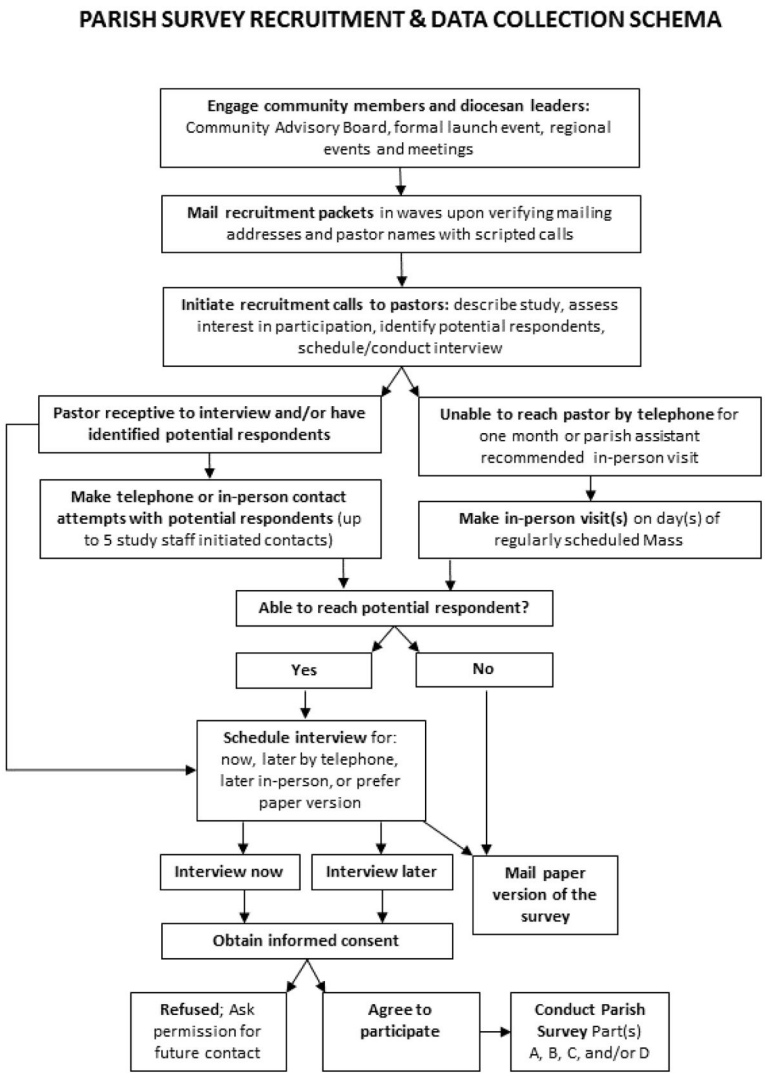


**Figure 1.**
Parish survey recruitment and data collection schema

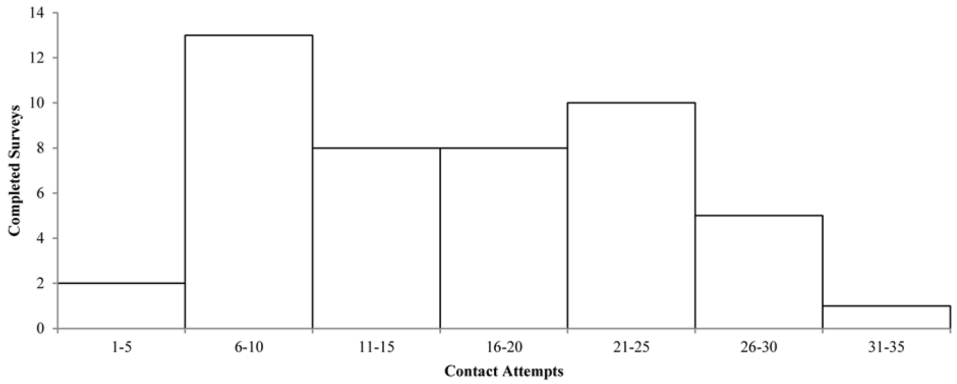


**Figure 2.**

Contact Attempts per Completed Four-Part Survey

*Includes mail, phone, in-person, and email contact attempts **with up to four respondents per parish**

**Table 1**

Survey Dispositions by Diocese

| | Boston (*n* = 37) | Fall River (*n* = 6) | Springfield (*n* = 12) | Worcester (*n* = 10) | All Parishes (*N* = 65) |
|---|---|---|---|---|---|
| **Final Disposition** | ***n* (%)** | ***n* (%)** | ***n* (%)** | ***n* (%)** | ***n* (%)** |
| Completed 4-Part Survey | 27 (73) | 4 (67) | 6 (50) | 8 (80) | 45 (69) |
| Completed Partial Survey (1–3 sections) | 2 (5) | 2 (33) | 0 (0) | 0 (0) | 4 (6) |
| Refused Participation | 3 (8) | 0 (0) | 0 (0) | 0 (0) | 3 (5) |
| No definitive response * | 5 (14) | 0 (0) | 6 (50) | 2 (20) | 13 (20) |

* In these cases, we never received a definitive refusal nor a definitive affirmative response regarding participation.

**Table 2**

Survey Completion by Job Category

| | | # of Sections Completed | |
|---|---|---|---|
| **Job Category** | ***n* (%)** | **Mean** | ***SD*** |
| Pastoral Staff | 77 (79) | 2.0 | 1.1 |
| Non-Pastoral Staff | 20 (21) | 1.2 | 0.4 |

* $p<0.01$

**Table 3**

Comparison of participating (n = 49) and non-participating (n = 16) parishes, CRUZA study

| | Participating Parishes | | | Non-Participating Parishes | | | |
|---|---|---|---|---|---|---|---|
| **Characteristic** | ***n*** | **Mean** | ***SD* (Range)** | ***n*** | **Mean** | ***SD* (Range)** | ***p*** |
| Age of Parish | 48 | 119.7 | 51.0 (3–187) | 16 | 106 | 48.2 (12–164) | 0.35 |
| Parish Size (# of members) | 42 | 2020.2 | 1828.6 (60–7741) | | | | |
| Percent Latino | 37 | 45.6 | 29.6 (1–100) | | | | |
| Number of Weekly Spanish Masses | 49 | 2.7 | 2.5 (1–11) | 16 | 2 | 1.3 (1–5) | 0.32 |
| Number of Full-time Staff | 44 | 7.5 | 8.5 (0–44) | | | | |